

To: CN=Tom Hagler/OU=R9/O=USEPA/C=US@EPA[]
Cc: []
From: CN=Laura Fujii/OU=R9/O=USEPA/C=US
Sent: Wed 12/16/2009 6:45:39 PM
Subject: 3/24/08 BDCP scoping letter,
[BDCPnoiFin.doc](#)
[BDCPnoiFinal.pdf](#)
[BDCPnoiCC.doc](#)
[baydeltaconservation.doc](#)

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U.S. EPA Region 9 Environmental Impact Statement System
Project Screen
* Indicates required field. Updated: 05/14/2009 Created: 01/24/2008
Main ID: 005125 ARRA: (Stimulus Bill)
*Type: NOI
Transportation:
*Project: BAY DELTA CONSERVATION PLAN (BDCP)
ERPNO (D/DS/F):
County: YOLO, SOLANO, CO CO, SAN JOAQUIN, SAC
*State: CA Lead Agency: NMF

Project Issues: water quality and quantity, conveyance through or around the Delta (e.g., controversial peripheral canal), T&E species (delta smelt, etc.),
Miscellaneous: Lead agency contact: Lori Rinek of FWS at 916-414-6600 or Rosalie del Rosario of NMFS at 916-930-3600. R9 WTR POC Carolyn Yale & Tom Hagler. NEPA process a mess. May be rescoped.

ARRA Funding: \$4 million for Bay Delta Conservation Plan (BDCP)

Description: The Bay Delta Conservation Plan (BDCP) is being prepared through a collaboration between a number of State and Federal agencies, nongovernmental entities, and Potentially Regulated Entities (primarily Delta water diverters) to meet the requirements of the Federal Endangered Species Act (Federal ESA) and California Natural Community Conservation Planning Act. The BDCP may or may not include a Habitat Conservation Plan (HCP) under the Federal ESA. The California Department of Water Resources intends to apply for Incidental Take Permits from the Services based upon the BDCP. These incidental take authorizations would allow the incidental take of threatened and endangered species resulting from covered activities, including those associated with water conveyance and the operations of the California State Water Project and Federal Central Valley Project.

CEQ#: *Reviewer: FUJII
Date Received: 01/24/2008 Due Date: 03/24/2008
Letter Date: 03/17/2008 Status: LTR

Concurred / Non-Concurred Date:

404 History:

Description:

Public Rating:

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* Indicates required field.

Attach Comment Letters:

Attach 309 Measures Forms:

Attach Federal Register Note:

Summary Paragraph: